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7590

04/30/2004

Robert E. Bushnell  
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 1522 K Street, N.W.  
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/788,348      | 02/21/2001  | Won-Woo Lee          | P56299              | 1062             |

TITLE OF INVENTION: AROMA GENERATING APPARATUS AND METHOD IN A COOKING APPARATUS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 07/30/2004 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| BECKER, DREW E | 1761     | 426-231000     |

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert E. Bushnell, Esq.

2 \_\_\_\_\_

3 \_\_\_\_\_

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAMSUNG ELECTRONICS CO., LTD.

Suwon-city, Gyeonggi-do, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

*Robert E. Bushnell*  
 Robert E. Bushnell, Esq., 27,774 21 July 2004

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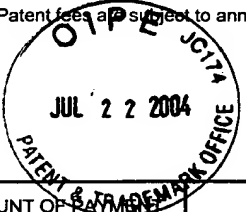
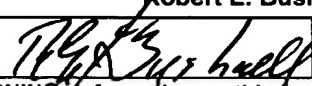
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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <div style="text-align: center;">  </div>  |   | <b>Complete If Known</b>   |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|---|---|--|---------------------|--|-------------|--------------------------|----------|-----------------|----------|-------------------------------|----------|----------|----------|----------------------|-----|--------------------|----|-----------------------------------|-----|--------------|-----|-------------------|----------|--|----------|----------|----------|------------------|-----|---------------------------|-----|-----------------------------------|-------|--------------------|-------|--|-----|------------------------|------|------------------------|------|--|-----|---------------------------------------|---------|-------------|-------------|---|----|--|-----|------|----|--|----|--|-----|---------------------|-----|---|----|-------------|-------------|------|-----|--|----|------|-------|------|-----|---|----|------|-------|------|-------|--|----|------|-----|------|-----|------------------|----|------|-----|------|-----|--|----|------|-----|------|-----|--------------------------|----|------|-------|------|-------|---|----|------|-----|------|----|----------------------------------|----|------|-------|------|-----|------------------------------------|----|------|-------|------|-----|--------------------------------|------------|------|-----|------|-----|------------------|----|------|-----|------|-----|-----------------|----|------|-----|------|-----|-------------------------------|----|------|-----|------|-----|---|-----------|------|-----|------|-----|--|----|------|----|------|----|--|----|------|-----|------|-----|---|----|------|-----|------|-----|--|----|------|-----|------|-----|---|----|------|---|--|--|----------------------------------|----|---------------------------|--|--|--|----|
|   |   | Application Number   | 09/788,348          |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   |   | Filing Date  | 21 February 2001    |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   |   | First Named Inventor   | WON-WOO LEE, et al. |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   |   | Examiner Name  | BECKER, DREW E      |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   |   | Group/Art Unit   | 1761                |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| TOTAL AMOUNT OF FEE (\$)  |   | Attorney Docket No.  | P56299              |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| TOTAL (\$)  |   | \$1630.00  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| METHOD OF PAYMENT (check one)   |   | FEE CALCULATION (continued)  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies:   |   | 3. ADDITIONAL FEES   |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Deposit Account Number: <u>02-4943</u>  |   | <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge-late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>\$</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td>1805</td> <td>1,840 *</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td>\$</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td>\$ 1330.00</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>1504</td> <td>300</td> <td>1504</td> <td>300</td> <td>Publication fee for early, voluntary, or normal publication</td> <td>\$ 300.00</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (Times number of properties)</td> <td>\$</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 C.F.R. §1.129(a))</td> <td>\$</td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 C.F.R. §1.129(b))</td> <td>\$</td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td>8001</td> <td>3</td> <td></td> <td></td> <td>Printed copy of patent w/o color</td> <td>\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td>\$</td> </tr> </tbody> </table> |                     | Large Entity   |             | Small Entity             |          | Fee Description | Fee Paid | Fee Code                      | Fee (\$) | Fee Code | Fee (\$) | 1051                 | 130 | 2051               | 65 | Surcharge-late filing fee or oath | \$  | 1052         | 50  | 2052              | 25       | Surcharge-late provisional filing fee or cover sheet | \$       | 1053     | 130      | 1053             | 130 | Non-English specification | \$  | 1812                              | 2,520 | 1812               | 2,520 | For filing a request for reexamination | \$  | 1804                   | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action | \$  | 1805                                  | 1,840 * | 1805        | 1,840*      | Requesting publication of SIR after Examiner action | \$ | 1251   | 110 | 2251 | 55 | Extension for reply within first month | \$ | 1252   | 420 | 2252                | 210 | Extension for reply within second month | \$ | 1253        | 950         | 2253 | 475 | Extension for reply within third month | \$ | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | \$ | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | \$ | 1401 | 330 | 2401 | 165 | Notice of Appeal | \$ | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | \$ | 1403 | 290 | 2403 | 145 | Request for oral hearing | \$ | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | \$ | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | \$ | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | \$ | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | \$ 1330.00 | 1502 | 480 | 2502 | 240 | Design issue fee | \$ | 1503 | 640 | 2503 | 320 | Plant issue fee | \$ | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | \$ | 1504 | 300 | 1504 | 300 | Publication fee for early, voluntary, or normal publication | \$ 300.00 | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | \$ | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (Times number of properties) | \$ | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | \$ | 8001 | 3 |  |  | Printed copy of patent w/o color | \$ | Other Fee (specify) _____ |  |  |  | \$ |
| Large Entity  |   | Small Entity   |                     | Fee Description  | Fee Paid    |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)            |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1051  | 130   | 2051   | 65                  | Surcharge-late filing fee or oath  | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1052  | 50  | 2052   | 25                  | Surcharge-late provisional filing fee or cover sheet                       | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1053  | 130   | 1053   | 130                 | Non-English specification  | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1812  | 2,520   | 1812   | 2,520               | For filing a request for reexamination                                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1804  | 920*  | 1804   | 920*                | Requesting publication of SIR prior to Examiner action                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1805  | 1,840 *   | 1805   | 1,840*              | Requesting publication of SIR after Examiner action                        | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1251  | 110   | 2251   | 55                  | Extension for reply within first month                                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1252  | 420   | 2252   | 210                 | Extension for reply within second month                                    | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1253  | 950   | 2253   | 475                 | Extension for reply within third month                                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1254  | 1,480   | 2254   | 740                 | Extension for reply within fourth month                                    | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1255  | 2,010   | 2255   | 1,005               | Extension for reply within fifth month                                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1401  | 330   | 2401   | 165                 | Notice of Appeal   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1402  | 330   | 2402   | 165                 | Filing a brief in support of an appeal                                     | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1403  | 290   | 2403   | 145                 | Request for oral hearing   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1451  | 1,510   | 1451   | 1,510               | Petition to institute a public use proceeding                              | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1452  | 110   | 2452   | 55                  | Petition to revive - unavoidable   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1453  | 1,330   | 2453   | 665                 | Petition to revive - unintentional   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1501  | 1,330   | 2501   | 665                 | Utility issue fee (or reissue)   | \$ 1330.00  |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1502  | 480   | 2502   | 240                 | Design issue fee   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1503  | 640   | 2503   | 320                 | Plant issue fee  | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1460  | 130   | 1460   | 130                 | Petitions to the Commissioner  | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1504  | 300   | 1504   | 300                 | Publication fee for early, voluntary, or normal publication                | \$ 300.00   |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1806  | 180   | 1806   | 180                 | Submission of Information Disclosure Statement                             | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 8021  | 40  | 8021   | 40                  | Recording each patent assignment per property (Times number of properties) | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1809  | 770   | 2809   | 385                 | Filing a submission after final rejection (37 C.F.R. §1.129(a))            | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1810  | 770   | 2810   | 385                 | For each additional invention to be examined (37 C.F.R. §1.129(b))         | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1801  | 770   | 2801   | 385                 | Request for Continued Examination (RCE)                                    | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 8001  | 3   |  |                     | Printed copy of patent w/o color   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Other Fee (specify) _____   |   |  |                     | \$   |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 2. <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |   |  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br>(CHECK #45836)<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |   |  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| FEE CALCULATION   |   |  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1. BASIC FILING FEE<br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> <td><b>0.00</b></td> </tr> </tbody> </table>  |   | Large Entity   |                     | Small Entity   |             | Fee Description          | Fee Paid | Fee Code        | Fee (\$) | Fee Code                      | Fee (\$) | 1001     | 770      | 2001                 | 385 | Utility filing fee | \$ | 1002                              | 340 | 2002         | 170 | Design filing fee | \$       | 1003   | 530      | 2003     | 265      | Plant filing fee | \$  | 1004                      | 770 | 2004                              | 385   | Reissue filing fee | \$    | 1005                                   | 160 | 2005                   | 80   | Provisional filing fee | \$   | <b>SUBTOTAL (1)</b>                                    |     |                                       |         | <b>(\$)</b> | <b>0.00</b> |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Large Entity  |   | Small Entity   |                     | Fee Description  | Fee Paid    |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)            |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1001  | 770   | 2001   | 385                 | Utility filing fee   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1002  | 340   | 2002   | 170                 | Design filing fee  | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1003  | 530   | 2003   | 265                 | Plant filing fee   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1004  | 770   | 2004   | 385                 | Reissue filing fee   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1005  | 160   | 2005   | 80                  | Provisional filing fee   | \$          |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| <b>SUBTOTAL (1)</b>   |   |  |                     | <b>(\$)</b>  | <b>0.00</b> |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 2. EXTRA CLAIM FEES<br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total claims -20** = 0 x</td> <td>18.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Independent Claims -3** = 0 x</td> <td>86.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent =</td> </tr> </tbody> </table> <p style="font-size: x-small;">** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> <td><b>0.00</b></td> </tr> </tbody> </table> |   |  | Extra Claims        | Fee from below   | Fee Paid    | Total claims -20** = 0 x | 18.00    | =               | 0.00     | Independent Claims -3** = 0 x | 86.00    | =        | 0.00     | Multiple Dependent = |     |                    |    | Large Entity                      |     | Small Entity |     | Fee Description   | Fee Paid | Fee Code   | Fee (\$) | Fee Code | Fee (\$) | 1201             | 86  | 2201                      | 43  | Independent claims in excess of 3 |       | 1202               | 18    | 2202                                   | 9   | Claims in excess of 20 |      | 1203                   | 290  | 2203   | 145 | Multiple dependent claim, if not paid |         | 1204        | 86          | 2204  | 43 | ** Reissue independent claims over original patent |     | 1205 | 18 | 2205                                   | 9  | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |     |   |    | <b>(\$)</b> | <b>0.00</b> |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   | Extra Claims  | Fee from below   | Fee Paid            |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Total claims -20** = 0 x  | 18.00   | =  | 0.00                |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Independent Claims -3** = 0 x   | 86.00   | =  | 0.00                |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Multiple Dependent =  |   |  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Large Entity  |   | Small Entity   |                     | Fee Description  | Fee Paid    |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)            |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1201  | 86  | 2201   | 43                  | Independent claims in excess of 3  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1202  | 18  | 2202   | 9                   | Claims in excess of 20   |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1203  | 290   | 2203   | 145                 | Multiple dependent claim, if not paid                                      |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1204  | 86  | 2204   | 43                  | ** Reissue independent claims over original patent                         |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| 1205  | 18  | 2205   | 9                   | ** Reissue claims in excess of 20 and over original patent                 |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| <b>SUBTOTAL (2)</b>   |   |  |                     | <b>(\$)</b>  | <b>0.00</b> |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
|   |   | <b>SUBTOTAL (3) \$1630.00</b>  |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| SUBMITTED BY  |   | Complete (if applicable)   |                     |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Typed or Printed Name   | Robert E. Bushnell, Esq.  | Reg. Number  | 27,774              |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
| Signature   |  | Date   | July 21, 2004       |  |             |                          |          |                 |          |                               |          |          |          |                      |     |                    |    |                                   |     |              |     |                   |          |  |          |          |          |                  |     |                           |     |                                   |       |                    |       |  |     |                        |      |                        |      |  |     |                                       |         |             |             |   |    |  |     |      |    |  |    |  |     |                     |     |   |    |             |             |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |                                |            |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |     |      |     |   |           |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |   |    |      |     |      |     |  |    |      |     |      |     |   |    |      |   |  |  |                                  |    |                           |  |  |  |    |
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Respectfully submitted,

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